

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037298

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3060

Registrar's No.

390

FILED OCT 1 1963

1. PLACE OF DEATH

a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Farmington

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois

c. CITY OR TOWN Bismarck

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Dr. R. A. Hendigat Office

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Hwy. #32

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Ella

Imfeld

4. DATE OF DEATH

Month

Day

Year

Sept. 26, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-11-1888

9. AGE (last birthday)

75

10. IF UNDER 1 YEAR

Months 8 Days 15 Hours Min.

11. IF UNDER 24 HR

Months 8 Days 15 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10b. KIND OF BUSINESS OR INDUSTRY

Myer-Schmidt

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown Singer

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Paul Imfeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv.)

None

17. INFORMANT

Paul Imfeld Bismarck, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MEDULLARY PARALYSIS

INTERVAL BETWEEN ONSET AND DEATH

20 MIN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) EMBOLIC & THROMBOTIC ENCEPHALOMALACIA, 6 MO.

DUE TO (c) ARTERIO SCLEROSIS

YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-18-63 to 9-26-63 and last saw her alive on 9-26-63. Death occurred at 10:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

FARMINGTON, MO

22c. DATE SIGNED

9-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-28-63

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cem.

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shipman & Sons Bismarck, Missouri

25. DATE RECD. BY LOCAL REG.

Sept. 26, 1963

26. REGISTRAR'S SIGNATURE

Ethel R. Rudolph

OCT 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jahm H. Shipman

Licensed Embalmer No.

4881

P. O. Address

Bismarck, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.